



## WASTE TIRE TRANSPORTER MODIFICATION FORM

Department of Environmental Quality  
OMF/Waste Tire Section  
Post Office Box 4303  
Baton Rouge, Louisiana 70821-4303  
Phone: (225) 219-3891

Agency Interest # \_\_\_\_\_  
DEQ Facility # RT-\_\_\_\_\_  
Authorization Certificate # T-\_\_\_\_\_

### I. Applicant Information (Print Legibly or Type)

Business/Property Owner/Contact: **		Contact person:	
Name of Business:		Physical Location/Street Address:	
Mailing Address:		City, State:	
City, State, Zip:		Zip:	Parish:
Parish	Business Phone No:	Email Address:	

### II. Requirements:

- Check or Money Order: \$25 PER VEHICLE. Check or Money Order made payable to the LDEQ.
- Proof of Commercial Liability Insurance for each vehicle. Insurance must be valid within transporter registration period. Make, Model & VIN for each vehicle must be on Fleet Policy or Certificate of Insurance.
- Surety Bond in a minimum amount of \$10,000 (Bond must be on file with the department)
- Copy of Vehicle Registration or Lease Agreement for each vehicle. Registration must be valid within transporter registration period. Lease agreement must include Make, Model, VIN and License Plate Number for each vehicle
- Submit all fees and all required documents to the address above.

### III. Vehicle Deletions/Additions:

		Vehicle License		Registered Owner**	Delete/Add
Make	Model	Year	Plate Number		

**\*Application must be in the name of the registered owner. If leasing must show proof of lease and insurance must be in lessee name.**

### Certification:

I have personally examined and am familiar with the information submitted in this document and LAC 33:VII.Chapter 105, and hereby certify under penalty of law that this information is true, accurate, and complete to the best of my knowledge. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Date